

# Rhode Island Commission on the Deaf and Hard of Hearing Sign Language Interpreter Request Form

👉 Please complete one form for each assignment 👉  
Questions with ★ are required information

Contact Person	★ Name:	★ Today Date:
	★ Company/Business/Organization:	
	★ Street Address:	
	★ City:	★ State:
	★ Zip:	
	★ Phone: Home <input type="checkbox"/> Work <input type="checkbox"/>	
	★ Fax:	
	Email:	

Assignment Information	★ Date of Assignment:
	★ Start and End Time of Assignment:
	★ Name of Consumer(s):
	★ Has Consumer Requested for a Specific Interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>
	★ Name of Specific Interpreter:
	★ Communication Preference, if known (ASL, Signed English, tactile, CDI, etc):
	★ Location/Address of Assignment:
	★ Building:
	★ Floor:
	★ Room:
★ City:	
★ State:	
★ Zip:	
★ Number of Interpreters Needed:	
★ Description of Situation or Nature of Assignment:	

Billing Information	★ Name
	★ Company/Business
	★ Street Address
	★ City
	★ State
	★ Zip
	Phone Home <input type="checkbox"/> Work <input type="checkbox"/>
	Fax
	Email

*Please note: request will NOT be processed without billing information.*

## OFFICE USE ONLY

Received By:		Date of Confirmation:	
Filled within less than 72 hrs  <input type="checkbox"/>	Filled within more than 72 hrs  <input type="checkbox"/>	Interpreter Name(s) Confirmed:	